

sense of wonder camp

where bare feet and imaginations run free

APPLICATION

SUMMER DAY CAMP | 2018 | WEST

Child's Name : _____ Age : _____

<input checked="" type="checkbox"/>	Session	Dates	Time	Ages	Cost
<input type="checkbox"/>	1	July 24 - 27 (no camp monday, July 23rd) <i>*new location! Adjacent to Bel Air Country Club</i>	9:30 - 1:30	6-12	\$ 460.00
<input type="checkbox"/>	2	July 30 - August 3 <i>*new location! Adjacent to Bel Air Country Club</i>	9:30 - 1:30	6-12	\$ 575.00
<input type="checkbox"/>	3	August 7 - 10 (no camp monday, Aug 6th) <i>Girls only</i>	9:30 - 1:30	6-12	\$ 460.00
<input type="checkbox"/>	4	August 14 - 17 (no camp monday, Aug 13th)	9:30 - 1:30	6-12	\$ 460.00
<input type="checkbox"/>	5	August 20 - 24	9:30 - 1:30	6-12	\$ 575.00
<input type="checkbox"/>	6	August 27 - 31	9:30 - 1:30	6-12	\$ 575.00

Thank you for your application. We appreciate your interest in Sense of Wonder camp. If space isn't available this summer, tuition checks are returned and your child is added to the wait list. We look forward to seeing you in the near future.

All our best,
Christopher & Joy

Please use one form per child

Child's Full Name

Date of Birth

Age

School Grade

Current School

Home Address

Name of Parent/Guardian

Phone Number of Parent/Guardian email

Name of other Parent/Guardian

Phone Number of other Parent email

Alternate Emergency Contact (if unable to contact parents)

Phone Number for Alternate Emergency Contact

Relationship to Child

Health History

Does your child have any special medical needs? **Yes / No**

If yes, please explain:

Does your child have any food allergies and/or dietary restrictions? **Yes / No**

If yes, please explain:

Your child may participate in camp activities without physical limitations: **Yes / No**

If no, specify limits:

Does your child have unique needs we need to be aware of that may affect his/her participation in the program (e.g. fears, ADD, aspergers, shadow at school, attends play skills class)? **Yes / No**

If yes, please explain:

Tell us a little about your child

If you anticipate your child having difficulty separating, how may we best support her/him?

What are your child's special interests & passions?

How does your child like to be comforted?

Please add anything that you feel is important for us to know concerning your child:

Who referred you to Sense of Wonder? *(if new to camp)*

May we apply sunscreen to your child? YES NO

May we use photos of your child for our website? YES NO

Please include application, waiver and tuition. Space is limited. Tuition is non-refundable.

Make checks payable to : [Sense of Wonder LLC](#)

Mail to : *(new Vashon Island address)*

[Christopher Haskins & Joy Horgan](#)
[P.O. Box 13276](#)
[Vashon Island, Wa. 98013](#)

-FedEx and UPS service, please email for physical address.

OFFICE USE ONLY	
child's name :	age :
check # :	amount : \$
registration <input type="checkbox"/> waiver <input type="checkbox"/> tuition <input type="checkbox"/>	CONFIRMED <input type="checkbox"/> wait list <input type="checkbox"/>